

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031156

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY, <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> , COUNTY <b>ADAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKSVILLE</b>		Length of stay in 1b <b>15 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAUGHLIN HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>KEVIN LEE DAVIS</b>		4. DATE OF DEATH Month <b>AUGUST</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 8, 1963</b>
9. AGE (last birthday) Months <b>15</b> Days <b>15</b> Hours <b></b> Min. <b></b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	
11. BIRTHPLACE (City and state or country) <b>KIRKSVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES DAVIS</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH DANIELS</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT <b>JAMES DAVIS, S. ORCHARD, KIRKSVILLE,</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Aspiration of emesis</b> DUE TO (b) <b>Regurgitation due to prematurity</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>appx. 12 hrs.</b> <b>appx. 12 hrs.</b> <b>appx. 12 hrs.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b></b>		20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	
20f. CITY, TOWN, OR LOCATION <b>KIRKSVILLE, MO.</b>		COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>8.8.63</b> to <b>8.23.63</b> and last saw him alive on <b>8.22.63</b> Death occurred at <b>4:42 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) <b>James Davis</b>		22b. ADDRESS <b>Kirksville, Mo.</b>	
22c. DATE SIGNED <b>8.26.63</b>		23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>8/23/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>GLENWOOD I.O.O.F</b>	
23d. LOCATION (City, town, or county) <b>GLENWOOD, MISSOURI</b>		23e. DATE RECD. BY LOCAL REG. <b>8-26-1963</b>	
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME, LANCASTER, MO.</b>		25. REGISTRAR'S SIGNATURE <b>Dora W. Ratliff</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit renewed Aug. 23, 1963

Jack Auxter D.O.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Nova B. Foster*

Licensed Embalmer No. *4742*

P. O. Address

*Funkhills, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.